

CARRIER PROFILE



MC No.: MC-_____

DOT No.: _____

Fed ID No.: _____

Carrier Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Isabel@PrestigeLogisticsGRP.com

Dispatch Contact(s): _____

Email: _____

Work: _____ Mobile: _____

Sean@PrestigeLogisticsGRP.com

Operations Mgr.: _____

Email: _____

Work: _____ Mobile: _____

Document Preparation Checklist:

Transportation Services Agreement
 Interchange Agreement

Form W-9
 Certificate of Insurance

Terminal / Yard Location 1: _____
Number of Company Owned Tractors: _____ Number of Company Owned Trailers: _____
Number of Owner Operator Tractors: _____ Number of Owner Operator Trailers: _____
Trailer Type / Number: Pneumatic: _____ Boxes: _____ Bottom Drop: _____

Terminal / Yard Location 2: _____
Number of Company Owned Tractors: _____ Number of Company Owned Trailers: _____
Number of Owner Operator Tractors: _____ Number of Owner Operator Trailers: _____
Trailer Type / Number: Pneumatic: _____ Boxes: _____ Bottom Drop: _____

Terminal / Yard Location 3: _____
Number of Company Owned Tractors: _____ Number of Company Owned Trailers: _____
Number of Owner Operator Tractors: _____ Number of Owner Operator Trailers: _____
Trailer Type / Number: Pneumatic: _____ Boxes: _____ Bottom Drop: _____